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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Filing Date First Named Inventor VAN ACKER. **POWER OF ATTORNEY OR** Koenraad L. A. et al **AUTHORIZATION OF AGENT Group Art Unit Examiner Name** Attorney Docket Number TIP 062 USA I hereby appoint: **Place Customer** Practitioners at Customer Number 000027777 Number Bar Code Label Here Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor \boxtimes Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Frank Daelemans, Proxy Holder rellu Signature 31 January 2006 Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. ★Total of forms are submitted.